

Instructions For Responding to Divorce, Legal Separation or Nullity

The attached forms can be used to respond to a **dissolution of marriage** [divorce], **legal separation** [which allows the court to divide community property and make orders for custody or support, but does not terminate your marriage], or an **annulment** [nullity] of a marriage that was not valid due to one of several specific grounds.

There is a first time filing fee for filing the enclosed forms, unless you are eligible for a **"Fee Waiver"** which is available as a separate packet. This packet includes a **"Response"** [FL-120], **"Proof of Service by Mail"** [FL-335], a **"Declaration Under UCCJEA"** [FL-105] which need be completed only if you have children with your spouse, a **"Declaration of Disclosure"** [FL 140], a **"Schedule of Assets and Debts"** [FL 142] and an **"Income and Expense Declaration"** [FL 150] along with instructions for completing all the forms. All of these documents need to be completed and a copy mailed to the other party by someone other than yourself who is not related to your marriage and is over the age of 18. Then the person who served the copies for you must complete the "Proof of Service by Mail " [FL-335]. Then you will file the original **"Response"** [FL-120], **"Proof of Service by Mail"** [FL-335], and **"Declaration Under UCCJEA"** [FL-105] with the court. You will keep the original **Declaration of Disclosure** [FL 140], a **"Schedule of Assets and Debts"** [FL 142] and an **"Income and Expense Declaration"** [FL 150]. These forms do not get filed with the court. Once these documents are completed and served on the other party you must complete and file a **"Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration"** [FL 141]. This form is also included in this packet.

You or the other party will need to prepare and file additional documents to actually get court orders or a judgment of divorce, legal separation or nullity. Your marriage is not dissolved until there is a signed **"Judgment"** from the court.

If you do not want to wait until your judgment to get orders for custody, visitation, support, or property control, you may want to complete, file and serve an **"Order to Show Cause"** [OSC], a Notice of Motion, or an At Issue Memorandum packet. These additional forms are used to ask the court to make orders and to set a hearing date. Any of these packets can be served on your spouse along with the Response to the divorce documents.

SAMPLE FORMS

How to fill out

RESPONSE (FL-120)

DIRECTIONS

- Find the number on the sample form.

Example: **1**

- Go to the same number below to find out how to fill out the form.

- Type or print in ~~drag~~ qt black ink.

- If you know the CASE NUMBER fill it in. If not known, leave it blank.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FL-120
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">1</div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> <div style="font-size: x-small;">E-MAIL ADDRESS (Optional):</div> <div style="font-size: x-small;">ATTORNEY FOR (Name):</div> </div>		
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">2</div> <div style="font-weight: bold; font-size: 0.8em;">SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO</div> <div style="font-size: x-small;">1100 Van Ness Avenue Fresno, California 93724-0002</div> </div>		
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">3</div> <div style="font-size: x-small;">MARRIAGE OF</div> <div style="font-size: x-small;">PETITIONER:</div> <div style="font-size: x-small;">RESPONDENT:</div> </div>		
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">4</div> <div style="font-size: x-small;"> RESPONSE <input type="checkbox"/> and REQUEST FOR <input type="checkbox"/> Dissolution of Marriage <input type="checkbox"/> Legal Separation <input type="checkbox"/> Nullity of Marriage </div> </div> <div style="width: 40%; text-align: center;"> <input type="checkbox"/> AMENDED </div> </div> </div>		
<div style="border: 1px solid black; padding: 5px;"> <div style="font-size: x-small;">CASE NUMBER:</div> </div>		

5 1. RESIDENCE (Dissolution only) ☐ Petitioner ☐ Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of the *Petition for Dissolution of Marriage*.

6 2. STATISTICAL FACTS

a. Date of marriage: _____ c. Time from date of marriage to date of separation (specify):

b. Date of separation: _____ Years: _____ Months: _____

7 3. DECLARATION REGARDING MINOR CHILDREN (include children of this relationship born prior to or during the marriage or adopted during the marriage):

a. ☐ There are no minor children.

b. ☐ The minor children are:

Child's name	Birthdate	Age	Sex

8 ☐ Continued on Attachment 3b.

c. If there are minor children of the Petitioner and Respondent, a completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCC/JEA) (form FL-105) must be attached.

d. ☐ A completed voluntary declaration of paternity regarding minor children born to the Petitioner and Respondent prior to the marriage is attached.

9 4. SEPARATE PROPERTY

Respondent requests that the assets and debts listed ☐ in *Property Declaration* (form FL-160) ☐ in Attachment 4

☐ below be confirmed as separate property. Confirm to

10 Item

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.

Form Adopted for Mandatory Use
Judicial Council of California
FL-120 (Rev. January 1, 2019)

RESPONSE—MARRIAGE
(Family Law)

Page 1 of 2
Family Code, § 2320
www.courtinfo.ca.gov

- 1** Write your name and address. Write your phone, fax, and email address if want to.
- 2** If not done for you, write “Fresno” after COUNTY OF. The address is: 1150 "O" Street, Fresno CA 93724. The Branch Name is: B.F. Sisk Courthouse.
- 3** Write the name of the persons in the marriage. YOU are the “respondent” and your spouse (husband or wife) is the “petitioner.”
- 4** Check box any of the boxes that apply. “Dissolution of Marriage” means divorce; “Legal Separation” means living apart but not divorced; “Nullity of Marriage” means the marriage should not have happened because of special reasons (see **16** on page two). “Amended” means you want to make changes to a form you already filed with the court.
- 5** This is only for divorce cases. Check Respondent if you have lived in California for at least six months , and in Fresno County for at least three months.
- 6** Write the date you were married, the date you separated (started living apart), and the number of years and months between the time you were married and the time you started living apart.
- 7** Check a. if you and your spouse have no children under age 18. Check b. if you and your spouse have children under 18 (born to you or adopted). List the children’s names, their birthdays, age, and if a boy or girl.
- 8** If you need more space to write the children’s names, check the box “Continued on Attachment 3b.”
- 9** If there are children under 18 from the marriage, you must also fill out the form talked about in c. Check d. if you are attaching a declaration of paternity (who the father is). This is done for children born before the marriage.
- 10** “Separate property” means things bought before the marriage or after the husband and wife separated. Debts (money owed) can also be separate property. Check “below” and list separate property under Item. Write Petitioner or Respondent under Confirm to. If you need more space check “in Attachment 4.” Use another piece of paper and write Attachment 4 on it. Or you can use a property declaration to list the property. Check “in Property Declaration and attach form FL-160.

RESPONSE (FL-120)

- page two -

DIRECTIONS

- Find the number on the sample form.
Example: 15
- Go to the same number below to find out how to fill out the form.
- Type or print in ~~drag~~ qt black ink.
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

MARRIAGE OF (last name, first name of parties): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto; text-align: center; font-weight: bold;">11</div>	CASE NUMBER: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
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5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN

a. ☐ There are no such assets or debts subject to disposition by the court in this proceeding.

b. ☐ All such assets and debts are listed ☐ in Property Declaration (form FL-160) ☐ in Attachment 5b.
☐ below (specify):

6. ☐ Respondent contends that the parties were never legally married.

7. ☐ Respondent denies the grounds set forth in item 6 of the petition.

8. Respondent requests

<p>a. <input type="checkbox"/> dissolution of the marriage based on</p> <p>(1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).)</p> <p>(2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).)</p> <p>b. <input type="checkbox"/> legal separation of the parties based on</p> <p>(1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).)</p> <p>(2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).)</p> <p>c. <input type="checkbox"/> nullity of void marriage based on</p> <p>(1) <input type="checkbox"/> incestuous marriage. (Fam. Code, § 2200.)</p> <p>(2) <input type="checkbox"/> bigamous marriage. (Fam. Code, § 2201.)</p>	<p>d. <input type="checkbox"/> nullity of voidable marriage based on</p> <p>(1) <input type="checkbox"/> respondent's age at time of marriage. (Fam. Code, § 2210(a).)</p> <p>(2) <input type="checkbox"/> prior existing marriage. (Fam. Code, § 2210(b).)</p> <p>(3) <input type="checkbox"/> unsound mind. (Fam. Code, § 2210(c).)</p> <p>(4) <input type="checkbox"/> fraud. (Fam. Code, § 2210(d).)</p> <p>(5) <input type="checkbox"/> force. (Fam. Code, § 2210(e).)</p> <p>(6) <input type="checkbox"/> physical incapacity. (Fam. Code, § 2210(f).)</p>
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9. Respondent requests that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child visitation be granted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As requested in form: ☐ FL-311 ☐ FL-312 ☐ FL-341(C) ☐ FL-341(D) ☐ FL-341(E) ☐ Attachment 9c.

d. ☐ Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage.

e. ☐ Attorney fees and costs payable by

f. ☐ Spousal support payable to (wage assignment will be issued)

g. ☐ Terminate the court's jurisdiction (ability) to award spousal support to Petitioner.

h. ☐ Property rights be determined.

i. ☐ Respondent's former name be restored to (specify):

j. ☐ Other (specify):

10. Child support—If there are minor children born to or adopted by the Petitioner and Respondent before or during this marriage, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party. An earnings assignment may be issued without further notice. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF RESPONDENT)
_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF ATTORNEY FOR RESPONDENT)

The original response must be filed in the court with proof of service of a copy on Petitioner.

FL-120 (Rev. January 1, 2008) RESPONSE—MARRIAGE (Family Law) Page 2 of 2

- 11 Write the names (last, first) of the parties in the marriage. (*I.e. Smith v. Smith*)
- 12 Check: a. if you and your spouse have no assets (property) or debts (money you owe) check box a.
 b. if you and your spouse have assets (property) or debts (money you owe) check box b and,
 Write assets and debts in the space provided and check "below" OR check "in Attachment 5c" if you need more space (use another piece of paper and write Attachment 5c at the top) OR check "in Property Declaration" and attach an FL-160 listing the property. List all property and debts you and your spouse got together or alone during the marriage. It does not have to be listed as "joint" property.
- 13 Check if you (Respondent) believe that you and your spouse might get back together.
- 14 Check if you say that *item #6 of the petition form* (your spouse's reason why the marriage should end) is not correct.
- 15 Check a. (1) for a divorce. Check b. (1) for a legal separation. Check c. for a Nullity and either (1) or (2) (most check #2).
- 16 Check all boxes for what you want the court to decide, but only one box for each line: "Petitioner" (your spouse), "Respondent" (you), or "Joint" (both share).
 - For c. you can check either box if you want the other party to visit, or check both boxes if parents are going to share the same amount of time with the child. You may check any of the boxes attach any of the additional forms listed to set out the visitation schedule and restrictions OR check "in Attachment 9c (use another piece of paper and write Attachment 9c at the top and write out the visitation schedule).
- 17
 - If you have other items you want the court to decide, write them on a separate piece of paper. Write Attachment 9j at the top of this page.
- 18 There is nothing to fill out, but you should read carefully.
- 19 Type or print your name on the left, and sign your name on the right (signature of respondent). Also put in the date (see where circled above).

How to fill out DECLARATION UNDER UNIFORM CHILD CUSTODY Jurisdiction and Enforcement Act (FL-105/GC-120)

NOTE: If there are no minor children in your case, you do not need to complete this form.

DIRECTIONS:

- ▶ Find the number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the blank form.
- ▶ Type or print in black or blue ink.
- ▶ If you have a CASE NUMBER fill it in. If not known, leave it blank.

FL-105/GC-120

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)</p> <p>TELEPHONE NO. 1</p> <p>FAXING (Optional)</p> <p>EMAIL ADDRESS (Optional)</p> <p>ATTORNEY FOR (Name)</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS 2</p> <p>MAILING ADDRESS</p> <p>CITY AND ZIP CODE</p> <p>BUSINESS NAME</p> <p>PETITIONER: 3</p> <p>RESPONDENT:</p> <p>OTHER PARTY:</p> <p>GUARDIANSHIP OF (Name): 4 Minor</p> <p>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</p>	<p>FOR COURT USE ONLY</p> <p>CASE NUMBER:</p>
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1. I am a party to this proceeding to determine custody of a child.

2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3426 as I have indicated in item **6**.

3. There are (specify number) **6** minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

Child's name 7	Place of birth 8	Date of birth 9	Sex 10																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Period of residence 11</td> <td style="width: 10%;">Address 12</td> <td style="width: 10%;">Person child lived with (name and complete current address) 13</td> <td style="width: 15%;">Relationship 14</td> </tr> <tr> <td>to present</td> <td><input type="checkbox"/> Confidential</td> <td><input type="checkbox"/> Confidential</td> <td></td> </tr> <tr> <td>to</td> <td>Child's residence (City, State)</td> <td>Person child lived with (name and complete current address)</td> <td></td> </tr> <tr> <td>to</td> <td>Child's residence (City, State)</td> <td>Person child lived with (name and complete current address)</td> <td></td> </tr> <tr> <td>to</td> <td>Child's residence (City, State)</td> <td>Person child lived with (name and complete current address)</td> <td></td> </tr> <tr> <td>to</td> <td>Child's residence (City, State)</td> <td>Person child lived with (name and complete current address)</td> <td></td> </tr> </table>	Period of residence 11	Address 12	Person child lived with (name and complete current address) 13	Relationship 14	to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		to	Child's residence (City, State)	Person child lived with (name and complete current address)		to	Child's residence (City, State)	Person child lived with (name and complete current address)		to	Child's residence (City, State)	Person child lived with (name and complete current address)		to	Child's residence (City, State)	Person child lived with (name and complete current address)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Child's name 15</td> <td style="width: 10%;">Place of birth</td> <td style="width: 10%;">Date of birth</td> <td style="width: 15%;">Sex</td> </tr> <tr> <td><input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Period of residence</td> <td>Address</td> <td>Person child lived with (name and complete current address)</td> <td>Relationship</td> </tr> <tr> <td>to present</td> <td><input type="checkbox"/> Confidential</td> <td><input type="checkbox"/> Confidential</td> <td></td> </tr> <tr> <td>to</td> <td>Child's residence (City, State)</td> <td>Person child lived with (name and complete current address)</td> <td></td> </tr> <tr> <td>to</td> <td>Child's residence (City, State)</td> <td>Person child lived with (name and complete current address)</td> <td></td> </tr> <tr> <td>to</td> <td>Child's residence (City, State)</td> <td>Person child lived with (name and complete current address)</td> <td></td> </tr> <tr> <td>to</td> <td>Child's residence (City, State)</td> <td>Person child lived with (name and complete current address)</td> <td></td> </tr> </table>	Child's name 15	Place of birth	Date of birth	Sex	<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				Period of residence	Address	Person child lived with (name and complete current address)	Relationship	to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		to	Child's residence (City, State)	Person child lived with (name and complete current address)		to	Child's residence (City, State)	Person child lived with (name and complete current address)		to	Child's residence (City, State)	Person child lived with (name and complete current address)		to	Child's residence (City, State)	Person child lived with (name and complete current address)	
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16. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.

17. ☐ Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

Form Adopted for Mandatory Use
Judicial Council of California
FL-105/GC-120 (Rev. January 1, 2006)

DECLARATION UNDER UNIFORM CHILD CUSTODY
JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

Family Code, § 3400 et seq.
Probate Code, §§ 10130, 10132
www.courtinfo.ca.gov

- 1** Print your name, your mailing address, and telephone number (if any). This info will be available to the other party.
 - 2** If not filled in for you, print "Fresno" after COUNTY OF. The address is: 1150 \$Q\$ Utggv, Fresno, CA 93724.
 - 3** Print the name of the petitioner and respondent. The petitioner is the person who started the case at the beginning.
 - 4** Leave this box blank.
 - 5** If you're alleging domestic violence or child abuse and your address is unknown to the other party, you may mark this box and the "Confidential" boxes under items **12** & **13**.
 - 6** Fill in the number of minor children from this relationship (minor children – under age 18).
 - 7** For the oldest child, fill in the first and last name.
 - 8** Fill in the city and state where this child was born.
 - 9** Fill in the child's date of birth (MM/DD/YY).
 - 10** If the child is a boy, write "M" for male. If the child is a girl, write "F" for female.
- For **11** through **14** give information from now to the past 5 years, working backward:**
- 11** The beginning and ending date the child lived at the address (from when to when at that address).
 - 12** For the dates you listed, print the city and state where the child lived.
 - 13** Name of person(s) (adult) the child lives or lived with and the physical addresses.
 - 14** Relationship means how the adult is related to the child. For example, mother or father.
 - 15** If you have only one child from this relationship, leave this section blank. If you have a second child, follow the instructions from **7** to **10**. If the second child has always resided with the first child, check the box below the second child's name ("Resident information is the same ..."). If you check this box you do not have to complete the boxes below. If the addresses for the second child are different from the first child, then follow the instructions from **11** to **14**.
 - 16** If you need additional space for more addresses, mark box "c." At the top of a sheet of paper, print "Attachment 3c" and print the additional information.
 - 17** If you have more than two children from this relationship, mark box "d" and complete form FL-105(A)/GC120(A).

FL-105/GC-120

SHORT TITLE	CASE NUMBER
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18 4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
☐ Yes ☐ No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

20 5. ☐ One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
21 <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/Juvenile Dependency				
d. <input type="checkbox"/> Other				

22 6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

23 a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date: 24 _____

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

25 ☐ Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

FL-105/GC-120 (Rev. January 1, 2006) DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) Page 2 of 2

DECLARATION (FL-105/GC-120)

- Page two -

DIRECTIONS:

- ▶ Find the number on the sample form.
Example: 18
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in ~~drag~~ qt black ink.
- ▶ If you have a CASE NUMBER fill it in. If not known, leave it blank.

- 18 If there are no other cases regarding custody or visitation of the children in this case (in California or anywhere else), mark the “No” box and skip to step 20. If you have information regarding another case involving any of the children in this case, mark the “Yes” box.
- 19 If you check yes, mark the box next to the type of other case; the case number; the court’s name, county, and state. Next, write the date of the order, name of each child involved in the other case, how you are involved, and what is now happening in that case.
- 20 If there is no current protective order (a restraining order) in effect, skip to 22. Check this box only if there is a current (not expired) restraining order or protective order involving you or the children, and attach a copy of the order(s).
- 21 If you checked this box, mark the box that describes the type of court that gave the restraining order and give the county, state, case number, and the date the orders expire.
- 22 If the child(ren) in this case live with either the mother or the father and there is no one else that claims to have custody or visitation rights to the child(ren), mark the “No” box and skip to step 24.
- 23 If the child(ren) is/are not living with one of the parents (either father or mother), and that other person thinks s/he has custody or visitation rights with the child(ren), mark the “yes” box. Then print that person’s name and address. Mark the box that describes what that person has, or claims to have, and the child(ren)’s name(s) involved in this case.
- 24 Date, and print your name (first, middle, last) on the line to the left, sign your name on the right next to the arrow.
- 25 If you are going to attach any additional pages to give more information, print the number of pages that will follow this one.

FL-105(A)/GC-120(A)

CASE NAME:		CASE NUMBER:	
------------	--	--------------	--

1 ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

☐ Child's name
Residence information is the same as given on form FL-105(A)/GC-120(A) or, if NOT the same, provide the information below:

Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to present	<input type="checkbox"/> Confidential Child's residence (City, State)	<input type="checkbox"/> Confidential Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

☐ Child's name
Residence information is the same as given on form FL-105(A)/GC-120(A) or, if NOT the same, provide the information below:

Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to present	<input type="checkbox"/> Confidential Child's residence (City, State)	<input type="checkbox"/> Confidential Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

☐ Child's name
Residence information is the same as given on form FL-105(A)/GC-120(A) or, if NOT the same, provide the information below:

Period of residence	Address	Person child lived with (name and complete current address)	Relationship
to present	<input type="checkbox"/> Confidential Child's residence (City, State)	<input type="checkbox"/> Confidential Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

Form required to accompany file
Judicial Council of Florida
CL-100000-1 (Rev. 1/08)

ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION
AND ENFORCEMENT ACT (UCCJEA)

Page 1 of 1
Florida Case 3:08-cv-00000
Petitioner Case 33-15425, 1512
www.courtclerk.org

How to fill out the attachment to
DECLARATION UNDER
UNIFORM CHILD CUSTODY
Jurisdiction and
Enforcement Act
(FL-105(A)/GC-120(A))

NOTE: Use this form only if you have more than two minor children in your case.

DIRECTIONS:

- ▶ Find the number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the blank form.
- ▶ Type or print in black or blue ink.
- ▶ If you have a CASE NUMBER fill it in. If not known, leave it blank.

- 1** Use this page if there are more than 2 children from **this** relationship. Fill out the same way you did for the first two children. Ask for more forms if needed.

How to fill out

DECLARATION OF DISCLOSURE (FL-140)

DIRECTIONS

- Find the number on the sample form. **Example: 1**
- Go to the same number below to find out how to fill out the form.
- Type or print in **dwg qt** black ink
- If you know the CASE NUMBER fill it in. If not known leave it blank.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		TELEPHONE NO.: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	FL-140
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: PETITIONER: RESPONDENT:			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's </div> <div> <input type="checkbox"/> Preliminary <input type="checkbox"/> Final </div> </div>		CASE NUMBER: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

DO NOT FILE WITH THE COURT

Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form FL-141).

A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment based upon a marriage settlement agreement.

A declaration of disclosure is required in a nullity or legal separation action as well as in a dissolution action.

Attached are the following:

1. ☐ A completed Schedule of Assets and Debts (form FL-142).
2. ☐ A completed Income and Expense Declaration (form FL-150) (as applicable).
3. ☐ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (not a form).
4. ☐ A statement of all material facts and information regarding obligations for which the community is liable (not a form).
5. ☐ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (not a form).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE)

Form Adopted for Mandatory Use
Judicial Council of California
FL-140 (Rev. January 1, 2003)

DECLARATION OF DISCLOSURE
(Family Law)

Page 1 of 1
Family Code, §§ 2102, 2104, 2105,
2106, 2112
www.courtinfo.ca.gov

- 1 Write your name, address and phone number.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1150 \$Q\$ Utggv, Fresno CA 93724-0002. The Branch Name is: DHDUumEqwtj qwug.
- 3 Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4 Check the box that identifies you as the Petitioner or Respondent. Check "Preliminary."
- 5 This form is part of the Preliminary Declaration of Disclosure (PDD) Packet. The PDD Packet (Preliminary Declaration of Disclosure, Schedule of Assets and Debts, and Income and Expense Declaration) must be filled out completely one time and served (delivered) on the other party. *The Preliminary Declaration of Disclosure does not get filed with the court.*
- 6
 - Read this section carefully. Check boxes 1 and 2.
 - Check box 3 and attach another page that lists assets (property, belongings, debts, etc.) owned by you and your spouse. Include the value of the assets (how much it's worth).
 - Check box 4 if you are attaching another page that describes any assets for which you and your spouse are responsible. Include the value.
 - If any investment opportunities were made to you since you and your spouse separated, check box 5 and attach another page and describe the opportunities. (*Example: If you have bought or sold a home or business, invested income or sold items from investments.*)
- 7 Date the form. Type or print your name on the left, and sign on the right.

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):		TELEPHONE NO.:
<div style="border: 1px solid black; width: 40px; margin: 0 auto; border-radius: 50%; text-align: center; line-height: 20px;">1</div>		
ATTORNEY FOR (Name):		
<div style="border: 1px solid black; width: 40px; margin: 0 auto; border-radius: 50%; text-align: center; line-height: 20px;">2</div>		
SUPERIOR COURT OF CALIFORNIA COUNTY OF FRESNO 1100 Van Ness Avenue - Fresno, California 93724-0002		
PETITIONER: _____ RESPONDENT: _____		
SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's		CASE NUMBER:

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1	REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)			\$	\$
6					
2	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (identify.)				
7					
3	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (identify.)				
8					

Form Approved for Optional Use
Judicial Council of California
FL-142 (Rev. January 1, 2005)

**SCHEDULE OF ASSETS AND DEBTS
(Family Law)**

Page 1 of 4
Code of Civil Procedure, §§ 2039(c), 2039.5
www.courtinfo.ca.gov

How to fill out

SCHEDULE OF ASSETS AND DEBTS (FL-142)

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in ~~any~~ **dark** black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1** Write your name, address and phone number.
- 2** Write "Fresno" after Superior Court of California, County of.
- 3** Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4** Check the box that identifies you as the Petitioner or Respondent.
- 5** Read the instructions carefully. "Separate property" is assets (things of value) or debts (money owed) that belongs to the husband or wife, but not both. "Community" assets or debts belong to the husband and wife together.
 - If separate property, you will put H or W in the first column. Leave blank if community.
 - You will write the date the asset was acquired (purchased) in the second column
 - *Current gross fair market value*: gross means before taxes are taken out. Fair market value means how much the item is worth (fill in a dollar amount).
 - If money is still owed on this item, you will write this amount in the last column.

For each item listed on this form, if you need more space, attach another piece of paper (a continuation sheet) and number the page the same number as the item on the form. Example: #1 for Real Estate, #2 for Household Furniture, #3 for Jewelry, Antiques, Art, Coin Collections, etc. Do this as needed for all four pages of this form.

- 6** List all real estate (land, buildings), including addresses. Attach copies of deeds, etc. as requested.
- 7** List all household furniture, furnishings, and appliances: Examples: sofas, lamps, televisions, computers, etc.
- 8** List all jewelry, antiques, art, coin collections. Note: these items should be appraised (given a dollar value by someone in that business).

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page two -

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 12
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in ~~drag~~ qt black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS (<i>Describe and attach copy of title document.</i>)			\$	\$
9					
5.	SAVINGS ACCOUNTS (<i>Account name, account number, bank, and branch. Attach copy of latest statement.</i>)				
10					
6.	CHECKING ACCOUNTS (<i>Account name and number, bank, and branch. Attach copy of latest statement.</i>)				
11					
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS (<i>Account name and number, bank, and branch. Attach copy of latest statement.</i>)				
12					
8.	CASH (<i>Give location.</i>)				
13					
9.	TAX REFUND				
14					
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE (<i>Attach copy of declaration page for each policy.</i>)				
15					

- 9 List all vehicles such as cars, motorcycles, boats, and trailers. Attach copies of documents that show they belong to you and/or your spouse. Example: DMV registration
- 10 For Savings Accounts, include account numbers, and the bank name and branch (Example: Bank of America, Fashion Fair). Include copies of latest statements for each account.
- 11 Provide the same information as above for Checking Accounts.
- 12 Provide the same information as above for Credit Union or similar accounts.
- 13 If you have stored cash somewhere, write the location in the space provided.
- 14 If you received a tax refund this year, provide that information. Otherwise leave blank.
- 15 Provide Life Insurance information with the amount it is worth if you turned it in, or the loan amount. Attach a copy of the policy's declaration page.

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page three -

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 16
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in ~~any~~ **black** ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <small>(Give certificate number and attach copy of the certificate or copy of latest statement.)</small>			\$	\$
12.	RETIREMENT AND PENSIONS <small>(Attach copy of latest summary plan documents and latest benefit statement.)</small>				
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <small>(Attach copy of latest statement.)</small>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <small>(Attach copy of each.)</small>				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <small>(Attach copy of most current K-1 form and Schedule C.)</small>				
16.	OTHER ASSETS				
17.	TOTAL ASSETS FROM CONTINUATION SHEET			\$	\$
18.	TOTAL ASSETS			\$	\$

FL-142 (Rev. January 1, 2009) SCHEDULE OF ASSETS AND DEBTS (Family Law) Page 3 of 4

- 16 If you or your spouse has stocks, bonds, secured notes, and/or mutual funds, list them here. Write the certificate/account number for each. Use a extra (continuation) sheet if needed. Attach copies of certificates and/or most recent statements.
- 17 List retirement funds and pensions. Attach a copy of the most recent summary page or statement.
- 18 If you or your spouse participates in any of the following, list them here. Attach copies of statements.
 - Profit-sharing plans through workplace
 - Annuities – amounts payable on a yearly basis, or at other regular times
 - Individual retirement accounts (IRA)
 - Deferred compensation – wages that are not taken now, but is paid later
- 19 If you or your spouse is due to receive any money, list accounts receivable here. Also list any unsecured notes (not secured by real property) you may have. Attach copies.
- 20 If you or your spouse has a business partnership or other kind of business, list information here. Attach copies of the most recent *K-1 form* and *schedule C* (IRS forms).
- 21 List any other assets you or your spouse might have. Use extra sheets as necessary.
- 22 If you used extra continuation sheets, add up all amounts and list them here.
- 23 Add up your total assets from all pages of form FL-142, (1-17) and fill in the amount on line 18. Continue on the back side to list your debts.

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page four -

DIRECTIONS

- Find the number on the sample form.
Example: 25
- Go to the same number below to find out how to fill out the form.
- Type or print in ~~any~~ **black** ink.
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19.	STUDENT LOANS (Give details.) 24		\$	
20.	TAXES (Give details.) 25			
21.	SUPPORT ARREARAGES (Attach copies of orders and statements.) 26			
22.	LOANS—UNSECURED (Give bank name and loan number and attach copy of latest statement.) 27			
23.	CREDIT CARDS (Give creditor's name and address and the account number. Attach copy of latest statement.) 28			
24.	OTHER DEBTS (Specify): 29			
25.	TOTAL DEBTS FROM CONTINUATION SHEET 30			
26.	TOTAL DEBTS 31		\$	

27. ☐ (Specify number) _____ pages are attached as continuation sheets.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME) 33 (SIGNATURE OF DECLARANT)

FL-142 (Rev. January 1, 2006)

SCHEDULE OF ASSETS AND DEBTS
(Family Law)

Page 4 of 4

*List all debts (money owed). In the first column, put a **W** or **H** to show that the debt is separate property. In the second column, write the total amount of money still owed. In the last column, put the date the debt started. Use continuation sheets as needed.*

- 24 If you or your spouse currently have any student loans, list the details here.
- 25 If you or your spouse owes money for taxes, list details here.
- 26 Support arrearages means being behind in payments ordered by the court, such as child support or spousal support. If either you or your spouse is behind in support payments, attach copies of court orders and statements.
- 27 Unsecured loans are those that are not guaranteed or protected. If you or your spouse have unsecured loans, list them here. Write the name of the bank and the loan number. Attach copies of most recent statements.
- 28 List all credit cards. Write the name, address and account number for each creditor (company that issued the credit card). Attach copies of most recent statements.
- 29 List any other debts owed by you or your spouse.
- 30 If you used extra sheets, add up all amounts and list them here.
- 31 Add up your total debts (19-25) and fill in the amount.
- 32 If you used continuation sheets, check the box and write the number of continuation sheets you are attaching (not copies of statements or other attachments).
- 33 Date the form. Type or print your name on the left. Sign your name on the right.

How to fill out

INCOME AND EXPENSE DECLARATION (FL-150)

DIRECTIONS

- ▶ Find the number on the sample form. *Example: 1*
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

A sample form titled "INCOME AND EXPENSE DECLARATION (FL-150)". The form is divided into several sections, each numbered with a black circle containing a white number. Section 1 is at the top left, containing fields for name, address, and phone number. Section 2 is below section 1, containing fields for county, address, and branch name. Section 3 is below section 2, containing fields for petitioner/plaintiff and respondent/defendant names. Section 4 is to the right of section 3, containing fields for job information. Section 5 is below section 4, containing fields for age and education. Section 6 is below section 5, containing fields for tax information. Section 7 is below section 6, containing fields for total amount and explanation. Section 8 is at the bottom, containing fields for date, name, and signature.

- 1 Print your name, address and phone number.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1150 \$Q\$ U\$ggv, Fres no CA 93724-4423. The Branch Name is: D\$H\$UkumEqwtj qvwg.
- 3 Fill in the names of the Petitioner/Plaintiff and Respondent/Defendant. (The Plaintiff is the person that starts a case against another person, the Defendant.) Fill in name(s) of Other Parent/Claimant if it applies to this case.
- 4 Fill in information about your job. If you don't have a job, fill in information about **your last job**. If you have more than one job, use another sheet of paper and write the information requested for each additional job .
 - Fill in the name (a) of where you work, the address (b) and phone (c), and your job title (d), example: driver.
 - Fill in the date you started this job (e). If you are unemployed, write the date your job ended (f), how many hours you work(ed) every week (g), and how much money you get paid before taxes are taken out (h). Check the first box if this is a monthly amount, the second box if weekly, or the third box if hourly.
 - Be sure to include **copies of your pay stubs** for the last two months. Use a **dark marker** to cross out your social security number.
- 5 Fill in your age (a) and check the "Yes" box if you finished high school (b). If you check No, fill in the last grade you finished. Fill out (c). or (d) if you have taken college classes. Fill out (e) if this applies to you.
- 6 Check box (a) and fill in the year of your last tax return. For (b), check the box that applies to you. For (c), check California OR check "Other" if you last filed taxes in another state, and write the state's name. For (d), write the number of "exemptions" you claim when filing your taxes.
- 7 Write down the total amount the other person in this case makes in a month, and explain how you know this.
- 8 Fill in the date, type or print your name on the left, and sign on the right.

INCOME AND EXPENSE DECLARATION (FL-150)

- page two -

DIRECTIONS:

- ▶ Find a number on the sample form
Example: 9
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in ~~dnw~~ qt black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

- 9 Print out first and last names for you and the other person(s) in this case.

Include your pay stubs for the last two months with this form. Also include proof of any other money you make. Bring a copy of your last federal tax return with you to the court hearing. Use a black marker to cross out social security numbers.

- 10 Fill out a. through k. if it applies to you, and check any boxes that apply to you. The first column is for money earned last month. For the second column, add up amounts for the past 12 months then divide by 12 to get the average amount.
- 11 If you have investments, fill in amounts. If you fill in an amount for d., write a description. If you have property, include a separate page that lists total money earned on the property and expenses.
- 12 Fill out this section only if you are self-employed (own a business). Include a "profit and loss statement" for each business, or a schedule C from your tax return.
- 13
- Check "Additional Income," if you received extra money in the last 12 months. Write down the amount and where the money came from. Examples: "I won the lottery." "My uncle left me money in his will."
 - Check "Change in Income," if the amount of money you normally receive has changed a lot during the past 12 months. Write down the reason. Examples: "I got hurt on the job and am now on disability." "I got a new job that pays better than my old one."
- 14 Fill in amounts deducted (taken away) from your earnings last month. Fill out all that apply. If you fill out (f), you must write an explanation on a separate page labeled "Question 10f."
- 15 List your assets (accounts, stocks and bonds, property, etc.). Put in the total value (worth) for each line listed.

INCOME AND EXPENSE DECLARATION (FL-150)

- page three -

DIRECTIONS:

- ▶ Find a number on the sample form
Example: 16
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in ~~dnw~~ qt black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

The image shows a sample of the FL-150 form with several sections highlighted and numbered for reference:

- 16**: A box at the top for names.
- 17**: A table for listing household members.
- 18**: A section for average monthly expenses with multiple sub-sections (a through s).
- 19**: A table for installment payments and debts.
- 20**: A section for attorney fees.
- 21**: A section at the bottom for additional information.

- 16** Print out first and last names for you and the other person(s) in this case.
- 17** Give information about all persons who live with you.
 - Write their names, ages, and how they are related to you (parent, child, other relative, friend).
 - Write how much money each person receives each month (before taxes), and check the Yes or No box if this person pays some of the living expenses.
- 18** For **Average monthly expenses**, check the first box if you are estimating (best guess) expenses, or the second box if actual (exact) expenses. Check third box only if you expect these to be your expenses each month.
 - For a., check first box if you rent or the second box if you own your home. Fill in monthly payment. If you have a mortgage, fill out (1), (2) and (3). Fill out (4) and (5) if it applies to you.
 - Fill in amounts for b. through q. as they apply to you.
 - For j. and q., describe the expense.
 - Add lines a. through q., but don't add in mortgage principal and interest from line (a) (2).
 - Put this amount in the total expenses box, line r.
 - Line s. is monthly expenses for the household NOT paid by you.
- 19** List all installment payments and debts you may have. This could include car payments, credit card payments, etc.
 - First column: fill in the name of the creditor (who gets the payment?).
 - Second column: describe what the payment is for. Third column: amount of last payment to the creditor
 - Fourth column: amount still owed. Last column: date last payment was made.
- 20** If you are represented by an attorney or you have paid money to an attorney, complete this section. If you have not paid any money to an attorney in this case, leave this section blank.
- 21** Do not fill out this section. Skip to next page....

INCOME AND EXPENSE DECLARATION (FL-150)

- page four -

DIRECTIONS:

- ▶ Find a number on the sample form
Example: 22
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in **dnwg** qt black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

The image shows a sample form for the Income and Expense Declaration (FL-150). The form is divided into several numbered sections, each with a circular icon containing a number. The sections are:

- 22**: Print out first and last names for you and the other person(s) in this case.
- 23**: Fill in the number of children you have with the other parent that are under age 18.
- 24**: Check the first box if your work place provides health insurance for your children. Otherwise, check the second box. Write the name and address of this insurance company in the space provided. Fill in monthly amount you pay (or would pay to fully cover the children) for health insurance. DO NOT include costs already paid by your job.
- 25**: Fill in monthly amounts that apply to your case. Describe educational or special needs.
- 26**: List any "special hardships" (things that make daily living hard).
- 27**: In the space provided you may write other information you want the court to know about your case.
- 28**: (This section is partially visible at the bottom of the form.)

22 Print out first and last names for you and the other person(s) in this case.

Fill out the rest of this page only if your case involves child support.

23 Fill in the number of children you have with the other parent that are **under age 18**.

- Estimate the amount of time the children are with you and with the other parent. Example: "The children are with me 30% of the time and with the other parent 70% of the time."
- If unsure about using percentages, use the space provided to describe the parents' schedules for taking care of the children.

24 Check the first box if your work place provides health insurance for your children. Otherwise, check the second box. Write the name and address of this insurance company in the space provided. Fill in monthly amount you pay (or would pay to fully cover the children) for health insurance. DO NOT include costs already paid by your job.

25 Fill in monthly amounts that apply to your case. Describe educational or special needs.

26 List any "special hardships" (things that make daily living hard).

- For a. through c., fill in monthly amounts that apply.
- In the second column, fill in the number of months the situation has lasted
- If you have children under age 18 from other relationships, list their names and ages in the space provided.
- If you get child support for these children, fill in that amount.
- If you fill out lines a., b., and c., space has been provided to explain why it's hard for you to pay expenses.

27 In the space provided you may write other information you want the court to know about your case.

How to fill out

PROOF OF SERVICE BY MAIL (Family Law) FL-335

DIRECTIONS:

- ▶ Find the number on the sample form.
Example: ❶
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in blue or black ink

FL-335

ATTORNEY OR PARTY NOT 1 NAME (Name, State Bar number, and address) TELEPHONE NO: E-MAIL ADDRESS (Optional) FAX NO. (Optional)		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIF. 2 COUNTY OF STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME		CASE NUMBER	
PETITIONER/PLAINTIFF: 3 RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:		(If Applicable, provide) HEARING DATE HEARING TIME DEPT:	

PROOF OF SERVICE BY MAIL

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-339).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.

2. My residence or business address is: 4

5 I served a copy of the following documents (specify):
by enclosing them in an envelope AND
a. ☐ depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
b. ☐ placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:
a. Name of person served: 6
b. Address:
c. Date mailed:
d. Place of mailing (city and state):

7 5. ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)

8 6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME) (SIGNATURE OF PERSON COMPLETING THIS FORM)

Form Approved for Optional Use
Judicial Council of California
FL-335 (Rev. January 1, 2012)

PROOF OF SERVICE BY MAIL

Page 1 of 1
Code of Civil Procedure, §§ 1013, 1013a
www.court.ca.gov

NOTE: the person serving the papers will use this form if they mailed the papers.

- ❶ Write your name, address and telephone number.
- ❷ If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1130 “O” Street, Fresno, CA 93724. The Branch Name is: D0H0Sisk Courthouse.
- ❸ Write the names of the parties. You are “Petitioner” if you started the case. You are the “respondent” if you are responding to the Petitioner. You may also be a “claimant” if the County of Fresno is the Petitioner or you are joined as a third party to the case.
- ❹ The person who serves the papers for you will write their name and address here.
- ❺ Write the names of the forms that are being served. List each individual form. (Example: Notice of Motion, Application for Order and Supporting Declaration, Blank Responsive Declaration, etc..)
- ❻ The person serving the documents will write the name and address of the person being served, the date the documents were mailed and the city and state from which it was mailed.
- ❼ If you are requesting to modify custody, visitation or child support after a judgment or permanent order, check box #5 and complete form FL-334.
- ❽ The person who mailed the papers will date, print and sign their names.

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4.
 - a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Print the date that you put the envelope containing the documents in the mail.
 - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

PROOF OF SERVICE BY MAIL (Family Law) FL-335-INFO

There is nothing to fill out on this page, but you should read these instructions.

How to fill out

DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE (FL-141)

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in blue or black ink

The image shows a sample of the FL-141 form. Numbered callouts are placed on the form to indicate where to fill out information:

- 1**: Attorney or Party Without Attorney (Name, State Bar Number, and Address)
- 2**: Superior Court of California, County of (Street Address, Mailing Address, City and Zip Code, Branch Name)
- 3**: Petitioner/Respondent
- 4**: Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration (Petitioner's, Respondent's, Preliminary, Final)
- 5**: I am the (attorney for, petitioner, respondent) in this matter.
- 6**: Declaration (form FL-150) were served on (attorney for, the other party) by: (personal service, mail, other (specify))
- 7**: Declaration (form FL-150) were served on (attorney for, the other party) by: (personal service, mail, other (specify))
- 8**: Service of (petitioner's, respondent's, preliminary, final) declaration of disclosure (current income and expense declaration has been waived as follows: a. The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). The waiver was filed on (date); b. This party has failed to comply with disclosure requirements and the court granted the request for voluntary waiver of receipt under Family Code section 2107 on (date); c. This is a default proceeding. Petitioner waives the final declaration disclosure requirements under Family Code section 2110.
- 9**: Date

- 1** Write your name, address and phone number.
- 2** If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno CA 93724. The Branch Name is: Sisk Courthouse.
- 3** Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4** Check the box that identifies you as the Petitioner or Respondent. Check "Preliminary."
- 5** Check the box that identifies you as the Petitioner or Respondent in the case.
- 6** and **7** (Complete #6 and #7 the same way. One refers to preliminary disclosure, the other to final disclosure).
 - Check the box before "My Preliminary Declaration of Disclosure and Income and Expense Declaration was served on" then check Petitioner or Respondent (whichever applies to the other party).
 - If the forms were personally delivered to the other party, check the first box. If the forms were mailed to the other party, check that box. If another method was used, check "other" and describe in the space provided.
 - Fill in the date the forms were served to the other party.
- 8** If this is a default judgment and you do not have a written agreement with the other party, check the boxes #4 "Service of"; "Respondent's"; "preliminary"; "final"; "current income and expense" and "c".
If you have a written agreement with the other party check the appropriate boxes in #4 and box "a".
- 9** Date the form. Type or print your name on the left. Sign your name on the right.

BLANK

FORMS

(To be completed)

- NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.**

MARRIAGE OF <i>(last name, first name of parties)</i> : _____	CASE NUMBER: _____
--	---------------------------

5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN

- a. ☐ There are no such assets or debts subject to disposition by the court in this proceeding.
- b. ☐ All such assets and debts are listed ☐ in *Property Declaration* (form FL-160) ☐ in Attachment 5b.
☐ below (*specify*):

6. ☐ **Respondent contends** that the parties were never legally married.
7. ☐ **Respondent denies** the grounds set forth in item 6 of the petition.

8. Respondent requests

- | | |
|--|--|
| <p>a. <input type="checkbox"/> dissolution of the marriage based on</p> <p style="margin-left: 20px;">(1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).)</p> <p style="margin-left: 20px;">(2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).)</p> <p>b. <input type="checkbox"/> legal separation of the parties based on</p> <p style="margin-left: 20px;">(1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).)</p> <p style="margin-left: 20px;">(2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).)</p> <p>c. <input type="checkbox"/> nullity of void marriage based on</p> <p style="margin-left: 20px;">(1) <input type="checkbox"/> incestuous marriage. (Fam. Code, § 2200.)</p> <p style="margin-left: 20px;">(2) <input type="checkbox"/> bigamous marriage. (Fam. Code, § 2201.)</p> | <p>d. <input type="checkbox"/> nullity of voidable marriage based on</p> <p style="margin-left: 20px;">(1) <input type="checkbox"/> respondent's age at time of marriage. (Fam. Code, § 2210(a).)</p> <p style="margin-left: 20px;">(2) <input type="checkbox"/> prior existing marriage. (Fam. Code, § 2210(b).)</p> <p style="margin-left: 20px;">(3) <input type="checkbox"/> unsound mind. (Fam. Code, § 2210(c).)</p> <p style="margin-left: 20px;">(4) <input type="checkbox"/> fraud. (Fam. Code, § 2210(d).)</p> <p style="margin-left: 20px;">(5) <input type="checkbox"/> force. (Fam. Code, § 2210(e).)</p> <p style="margin-left: 20px;">(6) <input type="checkbox"/> physical incapacity. (Fam. Code, § 2210(f).)</p> |
|--|--|

9. Respondent requests that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

- | | Petitioner | Respondent | Joint | Other |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation be granted to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As requested in form: <input type="checkbox"/> FL-311 <input type="checkbox"/> FL-312 <input type="checkbox"/> FL-341(C) <input type="checkbox"/> FL-341(D) <input type="checkbox"/> FL-341(E) <input type="checkbox"/> Attachment 9c. | | | | |
| d. <input type="checkbox"/> Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage. | <input type="checkbox"/> | <input type="checkbox"/> | | |
| e. Attorney fees and costs payable by | <input type="checkbox"/> | <input type="checkbox"/> | | |
| f. Spousal support payable to (wage assignment will be issued) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| g. <input type="checkbox"/> Terminate the court's jurisdiction (ability) to award spousal support to Petitioner. | | | | |
| h. <input type="checkbox"/> Property rights be determined. | | | | |
| i. <input type="checkbox"/> Respondent's former name be restored to (<i>specify</i>): | | | | |
| j. <input type="checkbox"/> Other (<i>specify</i>): | | | | |

☐ Continued on Attachment 9j.

10. Child support— If there are minor children born to or adopted by the Petitioner and Respondent before or during this marriage, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party. An earnings assignment may be issued without further notice. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF RESPONDENT)

(SIGNATURE OF ATTORNEY FOR RESPONDENT)

The original response must be filed in the court with proof of service of a copy on Petitioner.

- | | | | | |
|---|--|---|---------------|-----|
| a. Child's name | | Place of birth | Date of birth | Sex |
| Period of residence
to present | Address
<input type="checkbox"/> Confidential | Person child lived with <i>(name and complete current address)</i>
<input type="checkbox"/> Confidential | Relationship | |
| to | Child's residence <i>(City, State)</i> | Person child lived with <i>(name and complete current address)</i> | | |
| to | Child's residence <i>(City, State)</i> | Person child lived with <i>(name and complete current address)</i> | | |
| to | Child's residence <i>(City, State)</i> | Person child lived with <i>(name and complete current address)</i> | | |
| b. Child's name
<input type="checkbox"/> Residence information is the same as given above for child a.
<i>(If NOT the same, provide the information below)</i> | | Place of birth | Date of birth | Sex |
| Period of residence
to present | Address
<input type="checkbox"/> Confidential | Person child lived with <i>(name and complete current address)</i>
<input type="checkbox"/> Confidential | Relationship | |
| to | Child's residence <i>(City, State)</i> | Person child lived with <i>(name and complete current address)</i> | | |
| to | Child's residence <i>(City, State)</i> | Person child lived with <i>(name and complete current address)</i> | | |
| to | Child's residence <i>(City, State)</i> | Person child lived with <i>(name and complete current address)</i> | | |

- Form Adopted for Mandatory Use
Judicial Council of California
FL-105/GC-120 [Rev. January 1, 2009]

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) SH-FL

SHORT TITLE: _____	CASE NUMBER: _____
-----------------------	-----------------------

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

<p>a. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p>	<p>b. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p>	<p>c. Name and address of person</p> <p><input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights</p>
Name of each child	Name of each child	Name of each child

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

CASE NAME: _____	CASE NUMBER: _____
---------------------	-----------------------

**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

_____ Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below)		Place of birth	Date of birth	Sex
Period of residence	Present address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

_____ Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below)		Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

_____ Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below)		Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and complete current address)		Relationship
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

CASE NAME: _____	CASE NUMBER: _____
---------------------	-----------------------

**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

_____ Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below)		Place of birth	Date of birth	Sex
Period of residence	Present address	Person child lived with (name and complete current address)	Relationship	
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

_____ Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below)		Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and complete current address)	Relationship	
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

_____ Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below)		Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and complete current address)	Relationship	
to present	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):

TELEPHONE NO.:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO1100 Van Ness Avenue
Fresno, California 93724-0002

PETITIONER:

RESPONDENT:

DECLARATION OF DISCLOSURE☐
☐

Petitioner's

Respondent's

☐
☐

Preliminary

Final

CASE NUMBER:

DO NOT FILE WITH THE COURT

Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form FL-141).

A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment based upon a marriage settlement agreement.

A declaration of disclosure is required in a nullity or legal separation action as well as in a dissolution action.

Attached are the following:

1. ☐ A completed *Schedule of Assets and Debts* (form FL-142).
2. ☐ A completed *Income and Expense Declaration* (form FL-150 (as applicable)).
3. ☐ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
4. ☐ A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
5. ☐ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

THIS FORM SHOULD NOT BE FILED WITH THE COURT**FL-142**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):

TELEPHONE NO.:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO

1130 "O" Street - Fresno, California 93724-2201

PETITIONER:

RESPONDENT:

SCHEDULE OF ASSETS AND DEBTS☐**Petitioner's**☐**Respondent's**

CASE NUMBER:

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE <i>(Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)</i>			\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES <i>(Identify.)</i>				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. <i>(Identify.)</i>				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i>			\$	\$
5.	SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i>				
6.	CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
8.	CASH <i>(Give location.)</i>				
9.	TAX REFUND				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
12.	RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
16.	OTHER ASSETS				
17.	TOTAL ASSETS FROM CONTINUATION SHEET				
18.	TOTAL ASSETS			\$	\$

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19.	STUDENT LOANS <i>(Give details.)</i>		\$	
20.	TAXES <i>(Give details.)</i>			
21.	SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>			
22.	LOANS—UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>			
23.	CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i>			
24.	OTHER DEBTS <i>(Specify.):</i>			
25.	TOTAL DEBTS FROM CONTINUATION SHEET			
26.	TOTAL DEBTS		\$	

27. ☐ *(Specify number):* _____ pages are attached as continuation sheets.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (TYPE OR PRINT NAME)		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (SIGNATURE OF DECLARANT)
--	--	--

Attach copies of your pay stubs for last two months (black out social security numbers).

- American LegalNet, Inc.
www.FormsWorkflow.com

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
---	-----------------------

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ _____	_____
b. Overtime (gross, before taxes)	\$ _____	_____
c. Commissions or bonuses	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments	\$ _____	_____
h. Social security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ _____	_____
b. Rental property income	\$ _____	_____
c. Trust income	\$ _____	_____
d. Other (specify):	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses.** \$ _____

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions** Last month

a. Required union dues	\$ _____	_____
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$ _____	_____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ _____	_____
d. Child support that I pay for children from other relationships	\$ _____	_____
e. Spousal support that I pay by court order from a different marriage	\$ _____	_____
f. Partner support that I pay by court order from a different domestic partnership	\$ _____	_____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ _____	_____

11. **Assets** Total

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ _____	_____
b. Stocks, bonds, and other assets I could easily sell	\$ _____	_____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ _____	_____

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

- | | |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies. \$ _____</p> <p>e. Eating out. \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments. \$ _____</p> <p>o. Charitable contributions. \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here). . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|---|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION**(NOTE: Fill out this page only if your case involves child support.)****16. Number of children**

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs *(specify below)*: \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances*(attach documentation of any item listed here, including court orders):*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b. \$ _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
- (2) Names and ages of those children *(specify)*: _____

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:**20. Other information I want the court to know concerning support in my case *(specify)*:**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr style="width: 10%; margin-left: 0;"/> <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.: E-MAIL ADDRESS (Optional):</div> <div>FAX NO. (Optional):</div> </div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <div style="text-align: center; font-size: small;">(If applicable, provide):</div> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of the following documents (specify):

by enclosing them in an envelope AND

- a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:

- c. Date mailed:
- d. Place of mailing (city and state):

5. ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)

6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4.
 - a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Print the date that you put the envelope containing the documents in the mail.
 - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

1. I am the ☐ attorney for ☐ petitioner ☐ respondent in this matter.

2. ☐ Petitioner's ☐ respondent's *Preliminary Declaration of Disclosure* (form FL-140) and current* *Income and Expense Declaration* (form FL-150) were served on ☐ attorney for ☐ the other party by: ☐ personal service ☐ mail ☐ other (specify):

on (date):

3. ☐ Petitioner's ☐ respondent's *Final Declaration of Disclosure* (form FL-140) and current *Income and Expense Declaration* (form FL-150) were served on ☐ attorney for ☐ the other party by: ☐ personal service ☐ mail ☐ other (specify):

on (date):

4. ☐ Service of ☐ petitioner's ☐ respondent's ☐ preliminary ☐ final declaration of disclosure ☐ current income and expense declaration has been waived as follows:
 - a. ☐ The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). The waiver was filed on (date):
 - b. ☐ The party has failed to comply with disclosure requirements and the court granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
 - c. ☐ This is a default proceeding. Petitioner waives the final declaration disclosure requirements under Family Code section 2110.

* "Current" is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.128.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)
(SIGNATURE)

NOTE: File this document with the court.

Do not file a copy of the *Preliminary or Final Declaration of Disclosure* or any attachments to either declaration of disclosure with this document.